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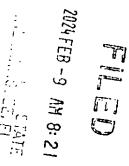
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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TO: New Filing Section Division of Corporations
SUBJECT: HAUSSMANN REALTY LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM HAUSSMANN
Name of Person
Firm/Company
57 OCEAN CREST DR.
Address
ORMOND BEACH, FL 32176 City/State and Zip Code BILL @ BILL haussmann: Com
City/State and Zip Code Bull Phill houssmound Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JERRY C. KNISH. 386 , 263-7868
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
/ New Filing Section \ New Filing Section Division
(P.O. Box 6327) 2415 N. Monroe Street, Suite 810 [27] 😄
Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HAUSSMANN REALTY LLC	,
(Must contain the words "Limited Liability Con	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
57 occal court Do	(7 Nord Dood Do.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM	n ItAc	15.5 MANN
	ame	·
51 OCEAN C	REST !	DRIVE
Florida street address (P	.O. Box <u>NC</u>	DT acceptable)
ORMOND BEACH	FL	32/16
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

7024 FEB -9 AH 8: 21

itle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	,
AMBR	Lui Housemann
TINDA	WILLIAM THUSSINANN
	OP-114 BERL FL 32176
	- MITTOTYCE
-	
	
	
	
V: Effective date, if other than the tive date is listed, the date must be	date of filing: 61/01/2024 (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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